

§ 435.2

MEDICALLY NEEDY INCOME STANDARD

- 435.811 Medically needy income standard: General requirements.
- 435.814 Medically needy income standard: State plan requirements.

MEDICALLY NEEDY INCOME ELIGIBILITY

- 435.831 Income eligibility.
- 435.832 Post-eligibility treatment of income of institutionalized individuals: Application of patient income to the cost of care.

MEDICALLY NEEDY RESOURCE STANDARD

- 435.840 Medically needy resource standard: General requirements.
- 435.843 Medically needy resource standard: State plan requirements.

DETERMINING ELIGIBILITY ON THE BASIS OF RESOURCES

- 435.845 Medically needy resource eligibility.
- 435.850–435.852 [Reserved]

Subpart J—Eligibility in the States and District of Columbia

- 435.900 Scope.

GENERAL METHODS OF ADMINISTRATION

- 435.901 Consistency with objectives and statutes.
- 435.902 Simplicity of administration.
- 435.903 Adherence of local agencies to State plan requirements.
- 435.904 Establishment of outstation locations to process applications for certain low-income eligibility groups.

APPLICATIONS

- 435.905 Availability of program information.
- 435.906 Opportunity to apply.
- 435.907 Written application.
- 435.908 Assistance with application.
- 435.909 Automatic entitlement to Medicaid following a determination of eligibility under other programs.
- 435.910 Use of social security number.

DETERMINATION OF MEDICAID ELIGIBILITY

- 435.911 Timely determination of eligibility.
- 435.912 Notice of agency's decision concerning eligibility.
- 435.913 Case documentation.
- 435.914 Effective date.

REDETERMINATIONS OF MEDICAID ELIGIBILITY

- 435.916 Periodic redeterminations of Medicaid eligibility.
- 435.919 Timely and adequate notice concerning adverse actions.
- 435.920 Verification of SSNs.

FURNISHING MEDICAID

- 435.930 Furnishing Medicaid.

42 CFR Ch. IV (10–1–00 Edition)

INCOME AND ELIGIBILITY VERIFICATION REQUIREMENTS

- 435.940 Basis and scope.
- 435.945 General requirements.
- 435.948 Requesting information.
- 435.952 Use of information.
- 435.953 Identifying items of information to use.
- 435.955 Additional requirements regarding information released by a Federal agency.
- 435.960 Standardized formats for furnishing and obtaining information to verifying income and eligibility.
- 435.965 Delay of effective date.

Subpart K—Federal Financial Participation

- 435.1000 Scope.

FFP IN EXPENDITURES FOR DETERMINING ELIGIBILITY AND PROVIDING SERVICES

- 435.1001 FFP for administration.
- 435.1002 FFP for services.
- 435.1003 FFP for redeterminations.
- 435.1004 Recipients overcoming certain conditions of eligibility.

LIMITATIONS ON FFP

- 435.1005 Recipients in institutions eligible under a special income standard.
- 435.1006 Recipients of optional State supplements only.
- 435.1007 Categorically needy, medically needy, and qualified Medicare beneficiaries.
- 435.1008 Institutionalized individuals.
- 435.1009 Definitions relating to institutional status.

REQUIREMENTS FOR STATE SUPPLEMENTS

- 435.1010 Requirement for mandatory State supplements.
- 435.1011 Requirement for maintenance of optional State supplement expenditures.

AUTHORITY: Sec. 1102 of the Social Security Act (42 U.S.C. 1302).

SOURCE: 43 FR 45204, Sept. 29, 1978, unless otherwise noted.

Subpart A—General Provisions and Definitions

§ 435.2 Purpose and applicability.

This part sets forth, for the 50 States, the District of Columbia, the Northern Mariana Islands, and American Samoa—

- (a) The eligibility provisions that a State plan must contain;
- (b) The mandatory and optional groups of individuals to whom Medicaid is provided under a State plan;

(c) The eligibility requirements and procedures that the Medicaid agency must use in determining and redetermining eligibility, and requirements it may not use;

(d) The availability of FFP for providing Medicaid and for administering the eligibility provisions of the plan; and

(e) Other requirements concerning eligibility determinations, such as use of an institutionalized individual's income for the cost of care.

[43 FR 45204, Sept. 29, 1978, as amended at 44 FR 17937, Mar. 23, 1979; 51 FR 41350, Nov. 14, 1986]

§ 435.3 Basis.

(a) This part implements the following sections of the Act and public laws that mandate eligibility requirements and standards:

402(a)(22) Eligibility of deemed recipients of AFDC who receive zero payments because of recoupment of overpayments.

402(a)(37) Eligibility of individuals who lose AFDC eligibility due to increased earnings.

414(g) Eligibility of certain individuals participating in work supplementation programs.

473(b) Eligibility of children in foster care and adopted children who are deemed AFDC recipients.

1619(b) Benefits for blind individuals or those with disabling impairments whose income equals or exceeds a specific SSI limit.

1634(b) Preservation of benefit status for disabled widows and widowers who lost SSI benefits because of 1983 changes in actuarial reduction formula.

1634(d) Individuals who lose eligibility for SSI benefits due to entitlement to early widow's or widower's social security disability benefits under section 202(e) or (f) of the Act.

1902(a)(8) Opportunity to apply; assistance must be furnished promptly.

1902(a)(10) Required and optional groups.

1902(a)(12) Determination of blindness.

1902(a)(17) Standards for determining eligibility: flexibility in the application of income eligibility standards.

1902(a)(19) Safeguards for simplicity of administration and best interests of recipients.

1902(a)(34) Three-month retroactive eligibility.

1902(a) (second paragraph after (47)) Eligibility despite increased monthly insurance benefits under title II.

1902(a)(55) Mandatory use of outstation locations other than welfare offices to receive and initially process applications of certain low-income pregnant women, infants, and children under age 19.

1902(b) Prohibited conditions for eligibility: Age requirement of more than 65 years; State residence requirements excluding individuals who reside in the state; and Citizenship requirement excluding United States citizens.

1902(e) Four-month continued eligibility for families ineligible because of increased hours or income from employment.

1902(e)(2) Minimum eligibility period for recipient enrolled in an HMO.

1902(e)(3) Optional coverage of certain disabled children being cared for at home.

1902(e)(4) Eligibility of newborn children of Medicaid eligible women.

1902(e)(5) Eligibility of pregnant woman for extended coverage for specified postpartum period after pregnancy ends.

1902(f) State option to restrict Medicaid eligibility for aged, blind, or disabled individuals to those who would have been eligible under State plan in effect in January 1972.

1902(j) Medicaid program in American Samoa.

1903(f) Income limitations for medically needy and individuals covered by State supplement eligibility requirements.

1903(v) Payment for emergency services under Medicaid provided to aliens.

1905(a) (clause following (21)) Prohibitions against providing Medicaid to certain institutionalized individuals.

1905(a) (second sentence) Definition of essential person.

1905(a)(i)-(viii) List of eligible individuals.

1905(d)(2) Definition of resident of an intermediate care facility for the mentally retarded.

1905(j) Definition of State supplementary payment.

1905(k) Eligibility of essential spouses of eligible individuals.

1905(n) Definition of qualified pregnant woman and child.

1912(a) Conditions of eligibility.

1915(c) Home or community-based services.

1915(d) Home or community-based services for individuals age 65 or older.

412(e)(5) of Immigration and Nationality Act—Eligibility of certain refugees.

Pub. L. 93-66, section 230 Deemed eligibility of certain essential persons.

Pub. L. 93-66, section 231 Deemed eligibility of certain persons in medical institutions.

Pub. L. 93-66, section 232 Deemed eligibility of certain blind and disabled medically indigent persons.

Pub. L. 93-233, section 13(c) Deemed eligibility of certain individuals receiving